



RACGP

# Aboriginal and Torres Strait Islander Health

27 August 2018

Ms Celia Street  
Assistant Secretary  
Diagnostic Imaging and Pathology | Medical Benefits Division  
Department of Health  
[PCS@health.gov.au](mailto:PCS@health.gov.au)

Dear Ms Street,

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to provide commentary on the draft item descriptor and explanatory guidance/notes for the new Medicare Benefits Schedule Item for Remote Renal Dialysis.

The RACGP represents more than 38,000 members working in or towards a career in general practice. The RACGP is responsible for defining the nature of the discipline, setting the curriculum for education and training, maintaining high standards of quality practice, and supporting general practitioners (GPs) in their pursuit of clinical excellence

Please find feedback regarding the new Medicare Benefits Schedule Item for Remote Renal Dialysis for your review and consideration:

## 1. Feedback on the draft descriptor

- The RACGP recommends changing the wording in the item descriptor, section (i) *the patient's care is managed by a nephrologist*, to: the patient's care is **overseen** by a nephrologist.

Implementing this change places the level of clinical input in the correct hierarchy, that is, the patient's care is managed by a remote clinician, with input from the renal team. This will also allow for the continuation of the current NT Renal Service process, where the Outreach Renal Registrar reviews blood results and adjusts the dialysate prescription.

- The RACGP believes further clarity is required in the wording regarding who is responsible for supervising dialysis. There is no mention of shared care with remote general practitioners (GPs), which suggests that only nephrologists are able to supervise dialysis.

## 2. Feedback on the draft Explanatory notes

- The definition of a telehealth episode (in the rules of interpretation) should allow for remote review of a patient's record by a nephrologist (or the registrar) with an assessment.



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Managing renal disease includes close review of laboratory tests and in some cases may not require the patient to be present. Telehealth encounters in the Aboriginal and Torres Strait Islander health setting can be challenging. Depending on the patient, a videoconference or face to face consultation may only have to take place every twelve months, instead of every six months.

### 3. General comments

- Further clarity is needed regarding who receives the payment for services rendered on behalf of/ and under supervision of a medical practitioner. The RACGP recommends the claiming medical practitioner should be a part of the local clinic team, (either resident in the community or fly-in fly-out), rather than the nephrologist or substitute.
- Noting the service restrictions in place (including a practice location in MMM7), some flexibility may be required in the use of this definition of remoteness to ensure it does not become a barrier to access.

If you have any questions, or require further information, please contact Ms Michelle Gonsalvez, Manager, RACGP Aboriginal and Torres Strait Islander Health on [michelle.gonsalvez@racgp.org.au](mailto:michelle.gonsalvez@racgp.org.au) or 03 8699-0490.

Yours sincerely

**Dr Bastian M Seidel**  
President